



911 EMS PATIENT DISPERSION FOR APOD

Effective: July 9, 2021
Replaces: New
Review: July 1, 2024

I. Purpose

The purpose of this policy is to ensure the safe dispersion of inbound 911 EMS patients away from hospitals experiencing unsafe ambulance patient offload delays (APODs) and/or from hospitals that will likely experience unsafe APOD by the arrival of additional ambulances.

II. Principles

- A. To preserve sufficient 911 ambulances to respond to the emergent needs of the people of Santa Clara County.
- B. The primary focus will be to disperse lower acuity patients not in need of emergent and/or specialty care (STEMI, stroke, trauma, burn).
- C. Patient dispersion may be utilized in conjunction with hospital bypass strategies to reduce unsafe APOD incidents.
- D. Dispersion of stroke and STEMI specialty care system patients may be necessary to mitigate unsafe APOD incidents.
- E. Patients needing trauma specialty care system services are not subject to this policy and will not be redirected to another hospital.

III. Procedures

- A. The EMS Duty Chief will determine that a hospital's APOD status is unsafe and negatively impacting the ability of the County to emergently respond with 911 ambulances.
- B. Upon determination, the EMS Duty Chief will implement Standard Dispatch Order (SDO) 21 "Patient Routing Directed by the County".

- C. The EMS Duty Chief will manage dispersion or assign dispersion management to an on-duty County Ambulance Accredited Field Supervisor.
- D. Dispersion will remain active until APOD is no longer deemed unsafe.

IV. Patient Dispersion Considerations

- A. Upon activation of SDO 21, patient dispersion strategies when possible, will attempt to keep redirected patients within their healthcare networks.